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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	C 2341 PCT/US
	First Named Inventor	Mueller, Heinz
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BOREHOLE TREATMENT AGENT CONTAINING LOW-TOXIC OIL PHASE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/09/2003 as United States Application Number or PCT International

Application Number PCT/EP2003/009981 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed	YES	NO	
102 43 312.7	Germany	09/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Aaron E. Ettelman	42,516	Daniel S. Ortiz Arthur G. Seifert	25,123 28,040

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name **Heinz** Middle Initial Family Name **MUELLER** Suffix e.g. Jr.

Inventor's Signature Date

Residence: City **Monheim** State Country **Germany** Citizenship **German**

Post Office Address **Sperberstrasse 5**

Post Office Address

City **40789 Monheim** State Zip Country **Germany** Applicant Authority

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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C 2341 PCT/US

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Nadja				Middle Initial				Family Name		HERZOG				Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City		Korschenbroich				State				Country		Germany				Citizenship		German					
Post Office Address		Nordstrasse 50																					
Post Office Address																							
City		41352 Korschenbroich				State				Zip				Country		Germany				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Stephan				Middle Initial				Family Name		VON TAPAVICZA				Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City		Erkrath				State				Country		Germany				Citizenship		German					
Post Office Address		Thomas-Mann-Strasse 12																					
Post Office Address																							
City		40699 Erkrath				State				Zip				Country		Germany				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
		<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					